

Name of Person reporting: _____ Date Submitted to UDOH: _____

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE

VIRAL HEPATITIS CASE REPORT

CDC
Centers for Disease Control
and Prevention
Hepatitis Branch, (G37)
Atlanta, Georgia 30333

The following questions should be asked for every case of viral hepatitis

Prefix: (Mr. Mrs. Miss Ms. etc) _____ Last: _____ First: _____ Middle: _____													
Preferred Name (nickname): _____ Maiden: _____													
Address: Street: _____													
City: _____		Phone: () -	Zip Code: _____ --										
SSN # (optional) _____ - -													
----- Only data from lower portion of form will be transmitted to CDC -----													
State: _____		County: _____	Date of Public Health Report ____ / ____ / ____										
Was this record submitted to CDC through the NETSS system? Yes <input type="checkbox"/> No <input type="checkbox"/>													
If yes, please enter NETSS ID NO. <table border="1" style="display:inline-table; width:150px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												If no, please enter STATE CASE NO. _____	

DEMOGRAPHIC INFORMATION

RACE (check all that apply): <input type="checkbox"/> Amer Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other Race, specify: _____		ETHNICITY: Hispanic <input type="checkbox"/> Non-hispanic <input type="checkbox"/> Other/Unknown <input type="checkbox"/>
SEX: Male <input type="checkbox"/> Female <input type="checkbox"/> Unk <input type="checkbox"/> PLACE OF BIRTH: <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		
DATE OF BIRTH: ____ / ____ / ____ AGE: ____ (years) (00= <1yr , 99= Unk)		

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply) ☐ Symptoms of acute hepatitis ☐ Evaluation of elevated liver enzymes
☐ Screening of asymptomatic patient with reported risk factors ☐ Blood / organ donor screening
☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested) ☐ Follow-up testing for previous marker of viral hepatitis
☐ Prenatal screening ☐ Unknown ☐ Other: specify: _____

CLINICAL DATA:	DIAGNOSTIC TESTS: CHECK ALL THAT APPLY						
Diagnosis date: ____ / ____ / ____							
Is patient symptomatic? <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td>Yes</td><td>No</td><td>Unk</td></tr></table>	Yes	No	Unk				
Yes	No	Unk					
if yes, onset date: ____ / ____ / ____							
Was the patient							
• Jaundiced? Total Bilirubin result: _____ <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>				• Total antibody to hepatitis A virus [total anti-HAV] <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td>Pos</td><td>Neg</td><td>Unk</td></tr></table>	Pos	Neg	Unk
Pos	Neg	Unk					
• Hospitalized for hepatitis? <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>				• IgM antibody to hepatitis A virus [IgM anti-HAV] <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>			
Was the patient pregnant ? <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>				• Hepatitis B surface antigen [HBsAg] <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>			
due date : ____ / ____ / ____	• Total antibody to hepatitis B core antigen [total anti-HBc] <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>						
Did the patient die from hepatitis? <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>				• IgM antibody to hepatitis B core antigen [IgM anti-HBc] <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>			
• Date of death: ____ / ____ / ____	• Antibody to hepatitis C virus [anti-HCV] <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>						
LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS	- anti-HCV signal to cut-off ratio _____						
• ALT [SGPT] Result _____ Upper limit normal _____	• Supplemental anti-HCV assay [e.g., RIBA] <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>						
• AST [SGOT] Result _____ Upper limit normal _____	• HCV RNA [e.g., PCR] <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>						
• Date of ALT result: ____ / ____ / ____	• Antibody to hepatitis D virus [anti-HDV] <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>						
• Date of AST result: ____ / ____ / ____	• Antibody to hepatitis E virus [anti-HEV] <table border="1" style="display:inline-table; width:50px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>						
	<table border="1" style="display:inline-table; width:100px; height:20px; vertical-align:middle;"><tr><td> </td><td> </td><td> </td></tr></table>						

DIAGNOSIS: (Check all that apply)

<input type="checkbox"/> Acute hepatitis A	<input type="checkbox"/> Chronic HBV infection	<input type="checkbox"/> Perinatal HBV infection	<input type="checkbox"/> Hepatitis Delta (co- or super-infection)
<input type="checkbox"/> Acute hepatitis B	<input type="checkbox"/> HCV infection (chronic or resolved)		
<input type="checkbox"/> Acute hepatitis C	<input type="checkbox"/> Acute non-ABCD hepatitis		
<input type="checkbox"/> Acute hepatitis E			

STATE CASE NO. _____

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Patient History- Hepatitis C Virus Infection (chronic or resolved)

NETSS ID NO.

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STATE CASE NO. _____

The following questions are provided as a guide for the investigation of lifetime risk factors for HCV infection. Routine collection of risk factor information for persons who test HCV positive is not required. However, collection of risk factor information for such persons may provide useful information for the development and evaluation of programs to identify and counsel HCV-infected persons.

	Yes	No	Unk		Yes	No	Unk
• Did the patient receive a blood transfusion prior to 1992?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Was the patient ever employed in a medical or dental field involving direct contact with human blood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Did the patient receive an organ transplant prior to 1992?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Did the patient receive clotting factor concentrates produced prior to 1987?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Was the patient ever on long-term hemodialysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• How many sex partners has the patient had (approximate lifetime) ?							
• Was the patient ever incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Was the patient ever treated for a sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Was the patient ever a contact of a person who had hepatitis ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
If yes, type of contact							
• Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Household [Non-sexual]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				